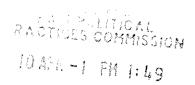
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION FAIR POLITICAL PRACTICES COMMISSION FAIR STATEMENT OF ECONOMIC INTERESTS CTICES COMMISSION COVER PAGE

Date Received NEVADA CHUNTY CLERK

MAR 13 2010

AMENDMENT 19 API - 1 FH 1: 1.9 Public Document

Please type or print in this	ПТио	ne Document	
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
SPENCER	JOHN	C.	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE ZIP CODE	OPTIONAL: E-MAIL ADDRESS
1. Office, Agency, or Court		4. Schedule Summa	ary
Name of Office, Agency, or Court:		► Total number of pages	7
BOARD OF SUPERVISORS		including this cover pa	lge:
Division, Board, District, if applicable	:	► Check applicable sched	lules or "No reportable
DISTRICT III	Manus option	Interests."	s on one or more of the
Your Position:		attached schedules:	s on one or more of the
COUNTY SUPERVISOR		Schedule A-1 Yes -	- schedule attached
 If filing for multiple positions, list a position(s): (Attach a separate s 		Investments (Less than 10% O	wnershφ)
	near in naceodary.y	Schedule A-2 X Yes -	- schedule attached
Agency: See attached list.		Investments (10% or Greater C	lwnership)
Diti			schedule attached
Position:		Real Property	•
0 1-1 1:4: 1 055			schedule attached Positions (Income Other than Gifts
2. Jurisdiction of Office (Ch	eck at least one box)	and Travel Payments)	
State .		_	schedule attached
]		Income – Gifts	ļ
City of		Schedule E X Yes – Income – Travel Payments	schedule attached
☐ Multi-County		Income - naver payments	
Other		-0	r-
		No reportable interest	s on any schedule
3. Type of Statement (Check	rat least one box)		
☐ Assuming Office/Initial Date	:	5. Verification	
★ Annual: The period covered is January	anuary 1, 2009,		
through December 31, 2009.			le diligence in preparing this this statement and to the best of
-or-		my knowledge the informat	ion contained herein and in any
O The period covered is/_ December 31, 2009.	/, through	attached schedules is true a	·
Leaving Office Date Left:/		of California that the foreg	rjury under the laws of the State going is true and correct.
O The period covered is January date of leaving office.	1, 2009, through the	Date Signed 3/9/	2010
O The period covered is/_ the date of leaving office.	-	Signatu	official.)
★ Candidate Election Year: 2010		3	
			(2009/2010) 66/ASK-FPPC



John C. Spencer Statement of Economic Interests Expanded Statement 2009

Agency:	Position:	Multi-Counties
CA Rural Home Mortgage Finance Authority Homebuyers Fund (RCRC)	Delegate	See attached listing
Environmental Services JPA (RCRC)	Delegate	See attached listing
Fire Safe Council of Nevada County	Alternate	
Nevada County Finance Authority	Housing Authority re	ep.
Nevada County Sanitation District No. 1	Director	
Northern Rural Training Employment Consortium	Member	Butte, Del Norte, Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama & Trinity
Northern Sierra Air Quality Management District Board	Member	Nevada, Plumas & Sierra

FAIR POLITICAL Income, Loans, & Business PRACTICES COMMISSION Positions

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

10 APR - | PX 1: L (Other than Gifts and Travel Payments)

NAME OF SOURCE OF INCOME	
	NAME OF SOURCE OF INCOME
Placer Title Company	
AODRESS (Business Address Acceptable)	AOORESS (Business Address Acceptable)
380 Sierra College Dr., Ste. 100, Grass Valley, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
ADADE MODIE DECEMEN	ODORG WOOME DEGENERA
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \[\] \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
■ \$10,001 - \$100,000 □ OVER \$100,000	\$10,001 - \$100,000 CYER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary X Spouse's or registered domestic partner's income	Sələry Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of Properly, car, boal, etc.;	Sale of (Frogenty, car, bost, etc.)
	Commission or Renfal Income, Fist each source of \$10,000 or more
Commission or Rental Income, itst each source of \$10,000 or more	Continued to Prema months, my sach source of strokes or more
[] (Whar	Cither
Other (Describe)	Other (Coscribe)
2. LOAN RECEIVED	<i>f</i> [
regular course of business must be disclosed as follows: NAME OF LENGER	INTEREST RATE TERM (Months/Years)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	% None
AOORESS (Business Address Acceptable)	SECURITY FOR LOAN
	amounii run tumn
	( ) Name ( ) Description of marketing of
BUSINESS ACTIVITY, IF ANY, OF LENGER	☐ None ☐ Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE OURING REPORTING PERIOO	None Personal residence Real Property Shour address
	house house
HIGHEST BALANCE OURING REPORTING PERIOD	Real Property Strong address
HIGHEST BALANCE OURING REPORTING PERIOO  \$500 - \$1,000  \$1,001 - \$10,000	Reaf Property Shoer address
HIGHEST BALANCE OURING REPORTING PERIOO  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$160,000	Reaf Property Shoer accress  City  City
HIGHEST BALANCE OURING REPORTING PERIOO  \$500 - \$1,000  \$1,001 - \$10,000	Real Property Strong address
HIGHEST BALANCE OURING REPORTING PERIOO  \$500 - \$1,000  \$1,001 - \$100,000  OVER \$100,000	Reaf Property Shoer accress  City  Guaranior
HIGHEST BALANCE OURING REPORTING PERIOO  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000	Real Property Shoer address  City  City  Other (Describe)
HIGHEST BALANCE OURING REPORTING PERIOO  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000	Real Property Shoet address  City  Guaranior
HIGHEST BALANCE OURING REPORTING PERIOO  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  Verification  Print Name John C. Spencer Office,	Guaranior Other (Coscribe)  Agency or Court Board of Supervisors
HIGHEST BALANCE OURING REPORTING PERIOO  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  Verification  Print Name John C. Spencer Office,  Statement Type 2009/2010 Annual Annual Assembly Annual Assembly Used All reasonable diligence in preparing this statement. I have	☐ Real Property Shoer address  City  ☐ Guarantor (Doscribe)  Agency or Court Board of Supervisors  suming ☐ Leaving ☒ Candidate  reviewed this statement and to the best of my knowledge the information
HIGHEST BALANCE OURING REPORTING PERIOO  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  Verification  Print Name John C. Spencer Office,  Statement Type 2009/2010 Annual Annual Assembly	Guaranior  Other  (Describe)  Agency or Court Board of Supervisors  suming Leaving Candidate  reviewed this statement and to the best of my knowledge the information
HIGHEST BALANCE OURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  Verification  Print Name John C. Spencer Office,  Statement Type 2009/2010 Annual Annual Assume used all reasonable diligence in preparing this statement. I have contained herein and in any attached schedules is true and complete.  Certify under penalty of perjury, under the laws of the State of Coate Signed 3/9/2010	Guaranior
HIGHEST BALANCE OURING REPORTING PERIOO  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  Verification  Print Name John C. Spencer Office,  Statement Type 2009/2010 Annual Annual Assemble diligence in preparing this statement. I have contained herein and in any attached schedules is true and complete.  Certify under penalty of perjury under the laws of the State of C	Real Property  Shoer address  City  Guarantor  Other  (Describe)  Agency or Court Board of Supervisors  suming Leaving X Candidate  reviewed this statement and to the best of my knowledge the information



## ARE STATEMENT OF ECONOMIC INTERESTS

Date Received

**COVER PAGE** 

Please type or print in ink.

A Public Document

AMPO

	1001.0		**************************************	
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
SPENCER	JOHN	C.		
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE ZIP COD	DE OPTIONAL: E-MAIL ADDRESS	
1. Office, Agency, or Co		4. Schedule Sumr	m artir	
			-	
Name of Office, Agency, or Court BOARD OF SUPERVISORS	,	► Total number of page including this cover		
Division, Board, District, if applica	ble:	► Check applicable sch	edules or "No reportable	
DISTRICT III		interests."	edules of No reportable	
Your Position:	······		ave disclosed interests on one or more of the	
COUNTY SUPERVISOR		attached schedules:		
► If filing for multiple positions, list position(s): (Attach a separate		Schedule A-1 Yes Investments (Less than 10%	•	
Agency: See attached list.		Schedule A-2 X Yes Investments (10% or Greate	s – schedule attached r Ownership)	
Position:		Schedule B 🔀 Yes	- schedule attached	
2. Jurisdiction of Office	(Check at least one box)		- schedule attached ss Positions (Income Other Ihan Gifts	
☐ State  ☑ County of NEVADA		Schedule D 🔲 Yes	- schedule attached	
City of	ľ	Schedule E 🔀 Yes	- schedule attached	
Multi-County			-or-	
U Other	**************************************	·	_	
3. Type of Statement (Ch	eck at least one box)	No reportable intere	sts on any schedule	
Assuming Office/Initial D	ate:/	5. Verification	- Herita - Wardin - Herita - H	
Annual: The period covered is through December 31, 2009.	s January 1, 2009,	I have used a)I reasons	able diligence in preparing this	
-or-		L	ed this statement and to the best nation contained herein and in any	
O The period covered is December 31, 2009.	, through	attached schedules is true	e and complete.	
Leaving Office Date Left:		I certify under penalty of p of California that the for	perjury under the laws of the State regoing is true and correct.	
O The period covered is Janua date of leaving office.	ary 1, 2009, through the	Stan Sinned 2/2	2/2010	
-or-		The second secon		
O The period covered is the date of leaving office.		S	A STATE OF THE STA	
☑ Candidate Election Year: 20	10		San	

## NEVADA COUNTY BOARD OF SUPERVISORS COMMITTEES, COMMISSIONS, ETC. - 2010

### **DISTRICT III - JOHN SPENCER**

### **Member**

Ad Hoc Committee for Combining Law Enforcement Services

Ad Hoc Committee for Dorsey Drive Interchange

Ad Hoc Committee for Shared Corp Yard

California Rural Home Mortgage Finance Authority (CRHMFA) (RCRC)

Environmental Services Joint Powers Authority (ESJPA) (RCRC) (Alternate member attends)

Finance Authority (Nevada County) – Housing Authority Representative

Northern Rural Training Employment Consortium (NoRTEC)

Northern Sierra Air Quality Management District Board

Regional Council of Rural Counties (RCRC)

#### Alternate

Fire Safe Council of Nevada County

Mental Health Advisory Board (Nevada County)

Operational Area Emergency Services Council

9 (R) 3 (A)

H:/staff/Committees/10-BOS-Committee-Assign

Rev: February 8, 2010

# FORM 700 Statement of Economic Interests for Calendar Year 2009 List of Agencies and Member Counties

### **NEVADA COUNTY**

Agency	Position
CRHMFA Homebuyers Fund	Delegate
California Rural Home Mortgage Finance Corp	Delegate
Environmental Services Joint Powers Authority	Delegate

### **List of Member Counties**

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	San Luis Obispo County
Imperial County	Shasta County
Inyo County	Sierra County
Lake County	Siskiyou County
Lassen County	Sutter County
Madera County	Tehama County
Mariposa County	Trinity County
Merced County	Tuolomne County

### **SCHEDULE A-2** Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	
Name	***************************************
JOHN SPENCER	

➤ 1. BUSINESS ENTITY OR TRUST	➤ 1. BUSINESS ENTITY OR TRUST
Spencer Land Surveys	
Name 12444 Nevada City Hwy.,Grass Valley, CA 95945	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 🗷 Business Entity, complete the box, then go to 2	Check ane  Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Land surveying, consulting	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  ACQUIRED DISPOSED  Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000
NATURE OF INVESTMENT Sole Proprietorship Partnership Other	NATURE OF INVESTMENT Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>IO</u> THE ENTITYITRUST)</li> </ul>
<u>S</u> \$0 - \$499	□ \$0 · \$499 □ \$10,061 · \$100,000
S500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a supparate shart if increasery)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:  [ INVESTMENT   X REAL PROPERTY	Check one box:
*unroust*	LI MORE TO CALL
12444 Nevada City Hwy., Grass Valley, CA  Name of Business Entity or Street Address or Assessor's Parcet Number of Reat Property	Name of Business Enlity or Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE	FAIR MARKET VALUE (F APPLICABLE, LIST DATE:  \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST    X  Property Ownership/Deed of Trus! ☐ Slock ☐ Parlinership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs, remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are allached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A-2

### SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORN FAIR POLITICAL		
Name		
JOHN S	PENCER	

APN: 25-220-87 (Aubum Road)	► STREET ADDRESS OR PRECISE LOCATION
	APN: 25-220-88 (Auburn Roard)
CITY	CITY
Grass Valley	Grass Vallely
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   / 09   09     \$10,001 - \$100,000   ACQUIRED DISPOSED     Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$310,001 - \$1,000,000  Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Cwnership/Deed of Trust Easement	Cwnership/Deed of Trust
Leasehold Olner	Leasehold Yrs, remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499   \$500 - \$1,000   \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
	lending institutions made in the lender's regular course
of business on terms available to members of the put and loans received not In a lender's regular course of	olic without regard to your official status. Personal loans business must be disclosed as follows:
of business on terms available to members of the put	olic without regard to your official status. Personal loans
of business on terms available to members of the put and loans received not In a lender's regular course of	olic without regard to your official status. Personal loans business must be disclosed as follows:
of business on terms available to members of the put and loans received not in a lender's regular course of NAME OF LENDER*	olic without regard to your official status. Personal loans business must be disclosed as follows:
of business on terms available to members of the put and loans received not In a lender's regular course of NAME OF LENDER'  ADDRESS (Business Address Acceptable)	olic without regard to your official status. Personal loans business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
of business on terms available to members of the put and loans received not In a lender's regular course of NAME OF LENDER  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	Dilic without regard to your official status. Personal loans business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
of business on terms available to members of the put and loans received not In a lender's regular course of NAME OF LENDER'  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	Dilic without regard to your official status. Personal loans business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
of business on terms available to members of the put and loans received not In a lender's regular course of NAME OF LENDER'  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	Dilic without regard to your official status. Personal loans business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)
of business on terms available to members of the put and loans received not In a lender's regular course of NAME OF LENDER'  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————	Dilic without regard to your official status. Personal loans business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)

### SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	
John Spence	

► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income
Loan repayment
∏ Sale of
Sale of
Commission or Rental Income, list each source of \$10,000 of more
And the second s
Olher(Describe)
00
lending institutions, or any indebtedness created as pa in the tender's regular course of business on terms our official status. Personal loans and loans received lisclosed as follows:
INTEREST RATE TERM (Months/Years)
% None
SECURITY FOR LOAN
None Personal residence
Charl Property
Real Property Street address
**************************************
City
Guaranior
Mary .
Other (Describe)
-

### SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
John Spencer

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF COURSE	L NAME OF SOURCE
NAME OF SOURCE	NAME OF SOURCE
Regional Council of Rural Counties  ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1650	ADDRC33 (Business Audiess Auceptable)
CITY AND STATE	CITY AND STATE
Sacramento, CA	GITT AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative services	]
DATE(S):/	DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one) Gift X Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: 2009 Delegate expense	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S)://	DATE(S):/
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	